

Summary Notification Form: New Cases

Instructions for Reporting New Cases

Please complete summary information for each reporting period and jurisdiction for which you have responsibility. Include only those cases that have occurred since your last update. Contact your emergency response coordinator for additional instructions.

NNDSS Condition Code

Date and Time of Update

☐ AM☐ PM

Jurisdiction

State State FIPS Code County County FIPS Code

New Cases: This Reporting Period

Case Definitions

Confirmed Cases

Probable Cases

Suspect Cases

Confirmed Occupational Cases

Probable Occupational Cases

Suspect Occupational Cases

[Link to NIOSH](#)

Total, This Report

New Cases

New Occupational Cases

Case Status: This Reporting Period

Inpatients

Receiving Medical Care

Outpatients

Isolated

Information: Automatic Calculations for Case Status

The number in Receiving Medical Care (in box to left) is automatically calculated from the numbers in Inpatients and Outpatients. If unknown, please manually enter the number of cases who began receiving medical care since the previous report. Also enter the number of cases receiving medical care who have been placed in isolation since the last report.

Case Outcome: This Reporting Period

Deceased

Lost to Follow-Up

Recovered

Removed from Observation

Automatic Calculations for Case Outcome

The number in Removed from Observation (in box to right) is automatically calculated from the numbers in the other three boxes. If any of these are unknown, please manually enter the number of cases who have been removed from observation since the previous report, including those who have died, regardless of cause of death.

Please Validate This Information

Invalid Fields? To change, return to fields.

☐ Code on this page has been validated.[Enter Another Summary Notification](#)